

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 99211, 97032, 97124, 97139SS, and 20550.

### II. FINDINGS & RATIONALE

Carrier submitted EOBs and response to dispute that indicated that date of service 6-13-02 was paid in full with interest. Therefore, CPT codes 99211, 97032, 97124, 97139SS will not be considered further in this decision.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-4-02	20550(X8)	\$320.00	\$180.00	F	\$40.00	Surgery GR (I)(D)(2) and (II)(A)	Report indicates 8 tpis were performed on claimant. The appropriate reimbursement is \$40.00 for first tpi and \$20.00 for additional 7; therefore, the appropriate reimbursement is \$180.00. The insurance carrier reimbursed the provider \$180.00. Additional reimbursement is not due per MFG.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT code (20550).

The above Findings and Decision are hereby issued this 05th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division